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The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, MA 02111

www.mass.gov/dia

Name (Business/Organization/Individual):		
Address:		
City/State/Zip:	Phone #:	
Are you an employer? Check the appro 1. I am a employer with employees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. 5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	Type of project (required): 6. New construction 7. Remodeling 8. Demolition 9. Building addition 10. Electrical repairs or addition 11. Plumbing repairs or addition 12. Roof repairs 13. Other
Homeowners who submit this affidavit indicating the contractors that check this box must attached an addinployees. If the sub-contractors have employees, the am an employer that is providing worker	the section below showing their workers' compensation bey are doing all work and then hire outside contractors tional sheet showing the name of the sub-contractors bey must provide their workers' comp. policy numbers of compensation insurance for my employ	s must submit a new affidavit indicating such. and state whether or not those entities have
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olicy # or Self-ins. Lic. #:	Expi	ration Date:
ob Site Address:	City/S	State/Zip:
ailure to secure coverage as required unde ine up to \$1,500.00 and/or one-year impri	tion policy declaration page (showing the er Section 25A of MGL c. 152 can lead to a sonment, as well as civil penalties in the fo. Be advised that a copy of this statement a verage verification.	the imposition of criminal penalties of a rm of a STOP WORK ORDER and a fi
do hereby certify under the pains and pe	enalties of perjury that the information pro	ovided above is true and correct.
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Official use only. Do not write in this	area, to be completed by city or town offic	ial.
City or Town:	Permit/License #	
Issuing Authority (circle one):	rtment 3. City/Town Clerk 4. Electrical	
Contact Percon	Phone #'	